

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 875)

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
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49				
50				
TOTAL IND.	2			
TOTAL DEP.	5			
TOTAL CLAIMS	7			

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

BEST AVAILABLE COPY